

M02000001949

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000001949

1. Limited Liability Company's Name

Duval Medical Investors, LLC

9/26/03

PK
0023813571
10/13/03-01010-019 **150.00

2. Principal Office Address

3570 Keith Street, NW

3. Mailing Office Address

3570 Keith Street, NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation

Tennessee, Bradley

5. Date Organized or Qualified To Do Business in Florida

7/23/02

City & State

Cleveland, TN

City & State

Cleveland, TN

6. FEI Number

27-0023082

Applied For

Not Applicable

Zip

37312

Country

Bradley

Zip

37312

Country

Bradley

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Mary R. Adams

MARY R. ADAMS

Date

10/9/03

REGISTERED AGENT MUST SIGN

ASSISTANT SECRETARY

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MEM</u> Member	Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
<u>MEM</u> Membe	Developers Investment Company II, Inc	3570 Keith Street, NW	Cleveland, TN 37312

REINSTATEMENT 2003

PK

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

Joan E. Thurmond

Date

10/8/03

Daytime Phone#

(423) 473-5868

Typed or printed name of signing Managing Member/Manager

Joan E. Thurmond, Assistant Secretary

CR2E041 (10/02)